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| <b>Title</b>          | Digital ambitions and analogue realities: Results of the RCPE T&MC UK-Wide Digital Experience Survey  |
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## Text:

In the UK, digital innovation is a key element of plans to improve the efficiency and quality of healthcare delivery through the National Health Service (NHS). Discussions on expanding and revolutionising digital infrastructure and artificial intelligence (AI) are evolving, including as part of the 'NHS 10 Year Plan', with one of the three pillars dedicated to moving from 'analogue to digital'(1). However, concerns around embedded inequity with AI (2), unintended consequences on quality of care and clinical decision making (3), as well as an increasingly outdated and failing digital infrastructure (4), remain largely unaddressed. Understanding how clinicians currently experience and use digital technology is vital to ensure that change and innovation address the needs of our healthcare workforce to deliver patient-centred, high-quality care. The Royal College of Physicians of Edinburgh (RCPE) Trainees & Members' Committee (TM&C) therefore surveyed its members to explore the current experience of NHS physicians using digital technology in their day-to-day work.

Between September 2025 and November 2025, the TM&C sent an online survey to all RCPE members to gather feedback on the digital user experience in their workplaces. Of the 123 responses received, 54% came from England and 41% from Scotland. Most respondents were consultant physicians (66%). The survey comprised 34 questions, both multiple-choice and short answer, to capture demographic and personal experience data.

The responses illuminated varying experiences with available hardware and software and their impact on patient care:

Many respondents highlighted inadequate access to workstations to perform their jobs, with 57% reporting they only sometimes have enough workstations to do so, a situation that may be further exacerbated during particularly busy times of day (e.g., towards the end of shifts). Furthermore, 83% reported at times being unable to perform their job due to local network problems: of these, 25% experienced issues multiple times a month. Only 55% of respondents reported knowing how to undertake required tasks using backup paper systems in their place of work.

Respondents had to navigate multiple digital systems, with 37% reporting that they regularly used more than six. When starting work, delays in receiving all required logins were commonly reported; 20% of doctors waited more than five days to receive all the logins needed to perform their jobs. Almost a third of respondents (31%) reported not receiving appropriate IT training to perform their work. Integration of trust/board systems with primary care systems was not the norm; only 30% of respondents reported reliable access to local primary care systems. Comments suggested that system quality and reliability were more important to clinicians than the ultimate number of systems in use. When asked to comment on the user experience of some inpatient record systems, some respondents described these as being designed for managers and auditors rather than for patient-facing clinicians.

Most participants (60%) felt that patient safety is superior with the use of technology, but numerous free-text comments raised concerns around data security and the use of electronic health data by private companies. Overall, computer-based inpatient & outpatient record systems were considered safer for patients and more efficient, but digital systems were still listed as a significant source of frustration and lost time.

Free-text comments also highlighted important considerations for medical training, with some respondents describing trainees having less exposure to triage decisions due to electronic systems, and that resident doctors are being judged on how well they can navigate computer systems without having received adequate training in their use.

In conclusion, while many respondents acknowledge potential benefits for digital innovation and AI, responses support a call to focus on and invest in better hardware and workstations, improved usability, reliability, and integration of software, and better digital training for physicians, as well as a move toward building genuine digital expertise within the NHS. In our opinion, future policy needs to address these areas urgently and evaluate their impact, or risk wasting resources by building digital innovation on a faulty, crumbling foundation.

**Declaration of interests:** The authors have no competing interests.

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